

APPLICATION FOR ANNUITY UNDER THE RETIRED SERVICEMAN'S FAMILY PROTECTION PLAN (RSFPP) AND/OR SURVIVOR BENEFIT PLAN (SBP)		Form Approved OMB No. 0704-0058 Expires Jun 30, 1992	
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0058), Washington, DC 20503.			
<u>Privacy Act Statement</u>			
<u>AUTHORITY:</u> Chapter 73, Title 10, U.S. Code, and EO 9397, November 1943 (SSN).		<u>SOCIAL SECURITY NUMBER</u> If you do not have a Social Security Number, contact the local Social Security or Internal Revenue Service Office to apply for an identifying number. If you do not know your spouse's Social Security number, or if your spouse did not have one, please submit his/her Service Number.	
<u>PRINCIPAL PURPOSE:</u> Used by eligible beneficiaries (<i>widowed spouses, dependent children, surviving former spouses and natural interest persons</i>) to apply for an annuity.			
<u>ROUTINE USE:</u> None.			
<u>DISCLOSURE:</u> Voluntary; however, personal information requested on this form is used to administer certain annuity programs. Withholding requested personal information may hinder the validation process and cause difficulty in approving the requested annuity.		INSTRUCTIONS	
To secure all possible benefits and to avoid delay in processing the claim: (1) Complete the application in full; (2) If the answer is "No" or "None," so state; (3) Typewrite or print information in ink; (4) Sign the application in ink or ball point pen.		<u>SIGNATURE OF APPLICANT</u> When a signature is accomplished by the mark "X" or another person signs for the annuitant, due to physical inability to write on the part of the annuitant, such signatures must be witnessed by two disinterested parties.	
<u>TRUTHFULNESS</u> All statements in the application must be true to the best of your knowledge, information and belief. No evidence necessary to a settlement of this claim should be suppressed or withheld. Any change in your status (financial or otherwise) should be immediately reported pursuant to instructions. Any false statement in this application or misrepresentation relative thereto is a violation of the law punishable by fine of not more than \$10,000 or imprisonment of not more than 10 years or both. (52 Stat. 197, U.S.C. 18:80)		<u>IF YOU NEED HELP IN COMPLETING THIS FORM</u> CONTACT THE NEAREST MILITARY INSTALLATION, YOUR LOCAL RED CROSS CHAPTER, ANY VETERANS ORGANIZATION, OR WRITE TO THE AGENCY WHO SENT THIS FORM TO YOU.	
SECTION A - DECEASED MEMBER INFORMATION			
1. NAME (Last, First, Middle Initial)		2. SOCIAL SECURITY NO. (SSN)	
3. DATE OF DEATH		4. DATE OF BIRTH	
SECTION B - SURVIVING SPOUSE INFORMATION			
1. NAME (Last, First, Middle Initial)		2. SSN	
3. CORRESPONDENCE MAILING ADDRESS (Street, (P.O. Box), City, State, Zip Code, Country)			
4. DATE OF BIRTH			
6. WERE YOU LEGALLY MARRIED TO THE DECEASED AT THE TIME OF DEATH? (X one)		7. DATE OF MARRIAGE	
8. ARE YOU A UNITED STATES CITIZEN (X one)		9. CURRENT BENEFITS	
a. HAVE YOU APPLIED OR DO YOU INTEND TO APPLY TO THE VETERANS ADMINISTRATION (VA) FOR BENEFITS? (X one) (If yes, complete 9a(1), (2), and (3) and also Section C - Affidavit on reverse side)		YES <input type="checkbox"/> NO <input type="checkbox"/>	
(1) VA CLAIM NUMBER		(2) MONTHLY AMOUNT AWARDED	
(3) MAILING ADDRESS OF VA OFFICE HANDLING YOUR ACCOUNT (Street, City, State, Zip Code)			
b. ARE YOU RECEIVING ANY OTHER SURVIVOR ANNUITY OF ANY KIND ON THE RECORD OF THIS OR ANY OTHER DECEASED MILITARY MEMBER? (If yes, complete 9b(1) and (2))		(1) TYPE BENEFIT (X one)	
YES <input type="checkbox"/> NO <input type="checkbox"/>		(2) MONTHLY AMOUNT	
RSFPP <input type="checkbox"/> SBP <input type="checkbox"/>			